

MIPCT Opening Remarks

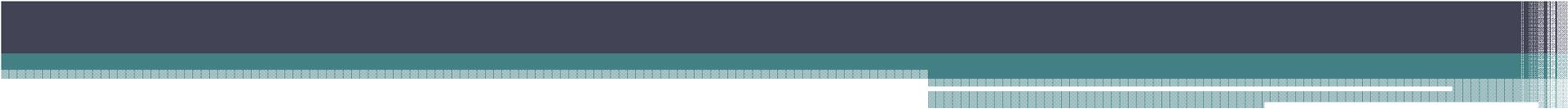
- Welcome
- Dr. Turner is away today – in sunny Brazil
- Next pediatric webinar scheduled April 11th

Depression screening & Referral in Pediatric & Family Practices

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Objectives

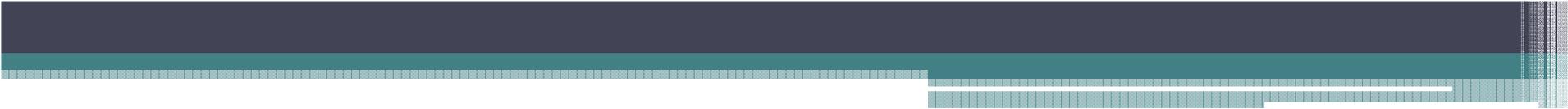
- Provide MiPCT care managers with AAP recommendations related to Adolescent Depression screening.
- Provide MiPCT care managers with exposure to some of the Depression screening tools.
- Provide MiPCT care managers with information on how to set up their own medical communities to treat Adolescent depression.

American Academy of Pediatrics

- AAP guidelines for preventive health care - “Bright Futures” –just updated.
- Screening for depression is now an official recommendation for youth 11 – 21 years and expected to be completed at annual health maintenance visits (pediatrics & family practices)
- AAP recommends using the PHQ 2 or other screening tool available in the GLAD-PC toolkit.
- Updated guidelines and new periodicity schedule can be found at <http://brightfutures.aap.org/>

Why is this topic important to Care Managers?

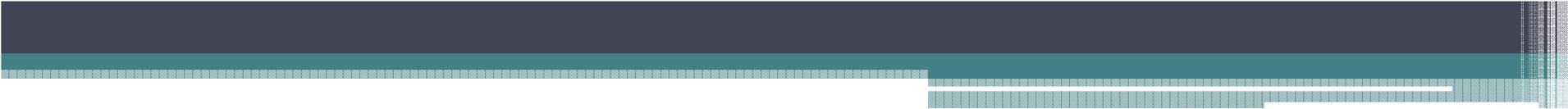
- 1 in 5 adolescents have experienced depression at some point before age 18 according to the National Comorbidity Survey-Adolescent Supplement (NCS-A).
- In primary care settings the rates of depression are as high as 28% for adolescents
- Over half of depressed adolescents have a recurrence within 7 years
- Depressed teens can suffer with social isolation, substance abuse, difficulty at school and safety risks



Why is it Important?

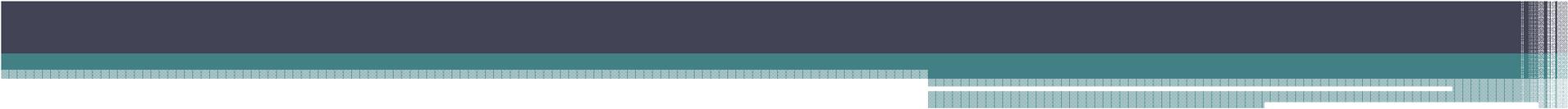
- According to the World Health Organization, major depressive disorder is the leading cause of disability among Americans age 15 to 44.
- Given the chronic nature of depression, effective intervention early in life may help reduce future burden and disability.
- Suicide is 3rd leading cause of deaths in 15-24 year olds.

Source: Depression in Children and Adolescents Fact Sheet, National Institute Mental Health (NIMH), 2007.



Commonly occurring symptoms of Depression

- Low self esteem, apathy, boredom
- Substance use
- Change in weight, sleep or grades
- Psychomotor depression / hypersomnia
- Aggression / antisocial behavior
- Social withdrawal
- Remember to inquire about any recent dangerous behaviors or statements which may imply suicidal ideation.



AAP Suggested Screening Tools

- **Adolescent Reports**
 - Columbia Depression Scale -Teen Version (formerly known as Columbia DISC Depression Scale).
 - Kutcher Adolescent Depression Scale – 6-item
 - PHQ- 2 & 9
- **Parent Reports**
 - Columbia Depression Scale (Parent Version)

www.gladpc.org

Use of Screening Tools

- There are a number of screening tools available.
 - Some require payment for use due to copyright
 - It is important to realize that these are aids, and are not sufficient to make a diagnosis.
- A direct interview with the adolescent and, whenever possible, collateral information from parents, are necessary to make the most accurate diagnosis.
 - Psychological/psychiatric evaluations are not always available – or not timely enough.

Parent Health Questionnaire (PHQ2)

Over the past 2 weeks, how often have you been bothered by any of the following problems?

1. Little interest or pleasure in doing things.

0 = Not at all

1 = Several days

2 = More than half the days 3 = Nearly every day

2. Feeling down, depressed, or hopeless.

0 = Not at all

1 = Several days

2 = More than half the days 3 = Nearly every day

Score of 3 or greater triggers the administration of the PHQ 9

Parent Health Questionnaire (PHQ9)

1. Little interest or pleasure in doing things
2. Feeling down, depressed or hopeless
3. Trouble falling or staying asleep or sleeping too much
4. Feeling tired or having little energy
5. Poor appetite or eating too much
6. Feeling bad about yourself – or that you are a failure or have let yourself or your family down
7. Trouble concentrating on things
8. Moving or speaking so slowly that others have noticed. Or the opposite – being so fidgety or restless that others have noticed.
9. Thoughts that you would be better off dead or of hurting yourself in some way

If you have checked off any problems, how difficult have these problems made it for you to do your work, take care of things at home or get along with other people?

Scoring for PHQ 9

Only questions 1-9 count in the scoring, but the other questions must be looked at to assess dysthymia and suicidality.

- Not at all = 0
- Several days = 1
- More than half the days = 2
- Nearly every day = 3

Total Score Depression Severity:

- 1-4 Minimal depression
- 5-9 Mild depression
- 10-14 Moderate depression
- 15-19 **Moderately severe depression**
- 20-27 **Severe depression**

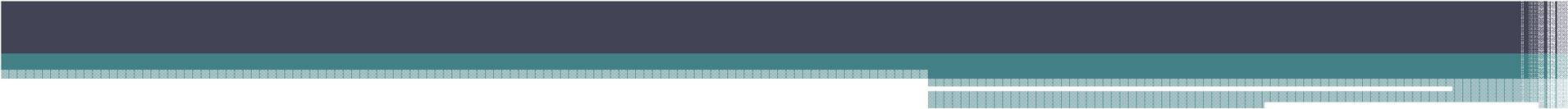
Active Monitoring

- Given tumultuous nature of adolescence and episodic nature of depression, immediate treatment of a new-onset mild to moderate depressive episode not always indicated.
- Active Monitoring by PCP/care managers
 - Schedule frequent visits
 - Prescribe regular exercise and leisure activities
 - Recommend peer support group
 - Review self-management goals
 - Follow up contacts via phone
 - Provide adolescent and parent(s) with educational materials (available at www.gladpc.org)
- If depression fails to improve or clinically worsens, evidence based treatment is indicated.

First Step: Building your mental health neighborhood

- What have you learned so far during your MIPCT work?
- Who have you connected with?
- What work still needs to be done?



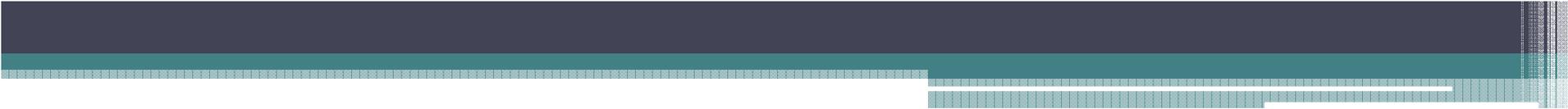


Mental Health Neighborhood

1. Building the Mental Health Neighborhood -
 - Psychiatrists
 - Psychologists
 - Social Workers
 - Counselors
 - Community Mental Health programs
 - Family Guidance
 - Community Services for Developmental Delays
 - Outside of the box? What else is available in your community?

Additional Considerations....

- Who is equipped to work with adolescents ?
 - Skill sets? CBT? IPT-A? Trauma based therapy?
- What is their area of specialization or interests?
 - Depression, anxiety, trauma, autism?
- What insurances are accepted?
- Therapist characteristics – good matches?
- Do they provide you with feedback?
- Are they accessible to family and adolescent?
- Is their office accessible?
 - On a bus line?
 - Handicap accessible?



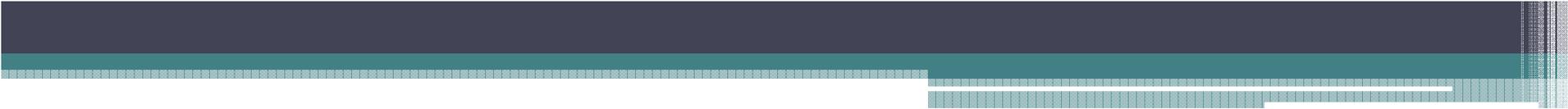
Second Step: Developing an effective referral process

1. PCP/care manager recognizes need for mental health referral
2. PCP (along with care manager) discusses with adolescent and parent(s) need for referral
3. Care manager selects appropriate mental health specialist
4. Using AAP HIPPA-compliant forms (Forms I, IIa and IIb found in GLAD-PC Toolkit), care manager makes referral to mental health specialist

Second Step continues....

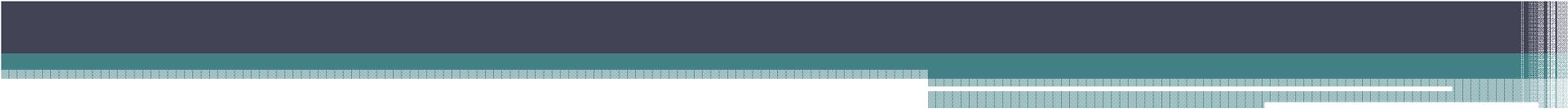
- Care Manager follows up with parent and/or adolescent
- Care Manager follows up with mental health specialist (closing the loop)
- If combined therapies used with anti-depressants, PCP will follow up regularly with visits by adolescent (“Black Box” warnings).





Role of Medications in adolescent depression

- SSRI - medication of choice
- Lack of access to psychiatric care/treatment by PCP
- Black box warning
- Education with patient and family



Substance abuse and depression

- High risk period of development for both depression and substance abuse
- Alcohol and drug abuse are 2nd only to depression as most frequent risk factor for suicide
- Self-medication
- Community resources for substance abuse support

Why is this important for care managers?

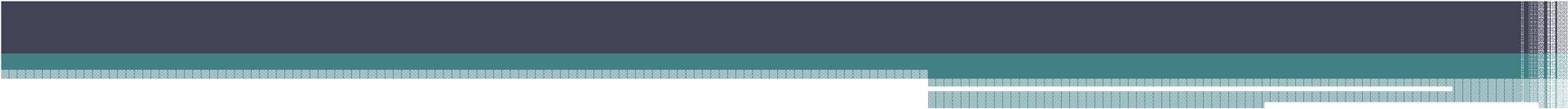
- Teen suicide is a major public health problem.
- Nearly one tenth (8.8 percent) of drug-related emergency department (ED) visits made by adolescents 12 -17 involved suicide attempts.
- Almost three of every four (72.3 %) ED visits for drug-related suicide attempts among adolescents were made by females.
- Pharmaceuticals were involved in 95.4 % of drug-related suicide attempts among adolescents.
 - Pain medications were involved in about half of the suicide attempts.

Substance Abuse and Mental Health Services Administration, Office of Applied Studies. (May 13, 2010). The DAWN Report: Emergency Department Visits for Drug-related Suicide Attempts by Adolescents: 2008. Rockville, MD.

Resources

- Guidelines for Adolescent Depression in Primary Care www.glad-pc.org
- NAMI www.nami.org National Alliance on Mental Illness
- NIMH www.nimh.nih.gov National Institute on Mental Health
- Psychology Today www.psychologytoday.com
- SAMHSA <http://samhsa.gov/> Substance Abuse and Mental Health Services Administration

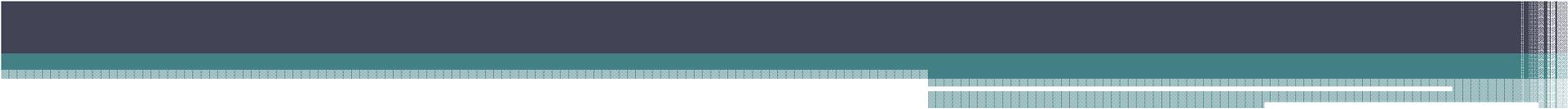




Summary:

Today we hope that you learned some about ...

- AAP policy on screening for depression in adolescents
- Importance of screening
- Role of medications in adolescent depression
- Developing the mental health neighborhood
- Developing an effective referral process



Next Webinar: April 11th

- Round table discussion about Depression in Adolescents
 - Screening and Referral Process in Pediatric Care
 - Case study will be provided
 - Your case examples can be discussed
- Continued discussion of identifying community resources and appropriate therapist characteristics for patient.
- Continued discussion of suicidality in adolescence.

Questions for Susan and Heather?

- At this time we will unmute those with raised hands to provide an opportunity to ask questions.

